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***Does God Condone Assault? How Religious Commitment Impacts Trauma
Following Sexual Abuse***

An Honors Thesis submitted in partial fulfillment of the requirements for Honors in
Psychology

By

Madison Snider

Using the mentorship of *Dr. Brandon Weiss*

ABSTRACT

Sexual assault has been defined as crimes that include attacks or attempted attacks generally involving unwanted sexual contact between victim and offender. After experiencing assault, survivors look for support and belief often turning to their religious communities. It has been found through prior research that the confession of assault has been received on an inconsistent reaction basis. Prior research has also found that religion is often used as a protective shield for perpetrators to hide behind and a roadblock for survivors. Prior research has also primarily focused on investigating reactions to assault in religious communities for either male female victims with very little research done to compare the two. The purpose of this study is to assess how positively or negatively religion impacts trauma following sexual assault for both men and women. College students were recruited to complete a series of self-report measures that includes measures of sexual experiences, religiosity and spirituality, PTSD, interpersonal support, and symptoms of anxiety, depression, and stress. Results were used to assess how their religious involvement impacts their trauma. Results of the study showed no significant effect of gender and rape status on religious involvement/spiritual involvement. Results also showed a significant effect of gender and rape status on PTSD.

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To the man who gave me life, for inspiring me to change the world so there are less people like you in it.

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Introduction

Sexually violent crimes remain the most underreported in the United States.

Sexual assault is defined as, “Crimes [that] include attacks or attempted attacks generally involving unwanted sexual contact between victim and offender. Sexual assaults may or may not involve force and include such things as grabbing or fondling. It also includes verbal threats” (Morgan & Kena, 2018, p. 6). Such crimes include rape, attempted rape, sodomy, molestation, and incest. It has been estimated that 1 in 5 women will experience some form of sexual assault in her lifetime (Klement, Sagarin & Skowronski, 2018). However, results from a study done by the United States Department of Justice in 2016 showed that the rate of reported sexual assaults from 2015 to 2016 decreased from .05 to .03 out of every 1000 assaults (Morgan & Kena, 2018). This means that the rate of underreporting is alarmingly high. To understand the statistics of underreporting, the misconceptions about sexual aggression that are widely accepted as truth must be explored.

Rape, is forced sexual intercourse including both psychological coercion as well as physical force, attempted rapes, male as well as female victims, both heterosexual and same sex rape, and verbal threats of rape (USDOJ, 2018). Rape myths, which are defined as attitudes and generally false beliefs about rape that are widely and statistically held as true to deny and justify male sexual aggression against women and are false yet widely accepted misconceptions that perpetuate the revictimization of assault survivors (Lonsway & Fitzgerald, 1994). Sexually violent crimes are unique in the way they are handled because unlike murder, robbery, fraud, etc. the accusers are assessed for their reliability and equal (if not more) blame for the situation. This leads to the creation and

acceptance of rape myths. The following examples of rape myths are taken from the Illinois Rape Myth Acceptance Scale (IRMA) (Payne, Lonsway & Fitzgerald, 2011):

- the victim asked for it by wearing revealing clothes, getting drunk, or going into a room alone with a guy
- The perpetrator did not mean to because when guys rape, it is because their strong desire for sex goes out of control and he got carried away. He was drunk; therefore, he did not mean to.
- If both people were drunk it cannot be rape
- If a girl doesn't physically resist or fight back sex—even if protesting verbally—it can't be considered rape
- If a girl doesn't say "no" it cannot be considered rape
- A lot of times, girls have sex and then regret it so they claim rape
- Rape accusations are a way of getting back at guys
- Rape is a crime of passion

These myths perpetuate false ideas about the severity, and even tries to romanticize the experience of rape. They also attempt to minimize the severity of the trauma it causes survivors. Such implications of these myths include the idea that men are unable to control their sexual impulses and thus deserve a reprieve from responsibility when committing rape. Once the reprieve is given, all that leaves is victim blaming.

Victim blaming, as defined by Harvard Law's Harassment Law team, is the attitude which suggests that the victim rather than the perpetrator bears responsibility for the assault. As previously mentioned, the accusers of sexual assault are screened for their level of believability before placing responsibility on the accused. This leads to the victim

becoming revictimized by the systems created to help them. Another way that sexual assault is experienced differently is the trauma it induces. Trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (USDOH, 2013). It is not shocking then to discover that revictimized survivors of sexual assault have greater symptoms of Post-Traumatic Stress Disorder and more negative social interactions than those who do not experience sexual revictimization (Ullman & Peter-Hagene, 2016). Data from a large-scale study done by the United States Department of Veteran Affairs comparing the effects of different types of traumatic events suggest that the experience of a sexual assault may be more likely to lead to PTSD than other types of traumatic events. In the study, 45% of the women that reported having experienced rape met the criteria for PTSD compared to the 38% of men that met the criteria following combat (USDOVA, 2019). Women that have experienced sexual trauma also report more health problems such as obesity, asthma, headaches, eating disorders, hypertension etc. (USDOVA, 2019) than those who have never experienced sexual trauma. Men that have experienced sexual trauma report having taken up more substance abuse than men that have not (Porche, 2008). This means that sexual trauma is experienced so uniquely in the brain and revictimization only makes it worse. This can be experienced by way of many different means. It is possible for the survivor of a first sexual assault to later experience another causing more trauma. It is also commonly seen in many pop culture tv shows that highlight crime, to show the process of revictimization in the courtroom by the system designed to put perpetrators in prison. However, the focus of this study is the

revictimization or aid of survivors in their support system, primarily in their religious communities that leads to underreporting.

People have a biological and fundamental motivation to be accepted into groups for relationships. This needs to belong simply means, people need people. In addition to fulfilling the need to belong and having a sense of “we”, social groups play a powerful role in mental health. Social support exerts a powerful influence on health and stress by protecting the individual from the harmful psychological or physiological effects of stressful life events (Minkler, 1990). One of the most common places that fill this need for support are one’s religious community. A primary function of religious belief is to bind individuals to cooperative moral groups (Meagher, 2018). Within these groups people pray, eat, learn, worship, and grow together on the set of shared beliefs about the world and the role we play in it. However, while churches can foster an environment of safety, they can also project mixed messages to suppress the voices of survivors if they are encouraged to stay silent (Knickmeyer et al. 2010).

In Christian culture, the Bible is viewed as “the word of God” and contains guidelines for how people should live and the roles they play in the world. One overarching theme recurrent in the Bible are the guidelines for traditional gender roles of men and women. These roles illustrate a hierarchy in the home in which the man is at the top. Women are expected to take a submissive role and dedicate themselves to the home serving the man and the children (Ames, 2015), while the men are the dominant force that guide the family spiritually, financially, and socially. Evangelical churches in particular stress these gender roles that encourage women to be submissive to the will of the husband (Ames, 2015). These messages, which were not written to condone violence,

can be manipulated by an abuser to justify their actions and silence the victim. An example of a manipulation within the Bible are the accounts of the rapes of Dimah and Tamr as well as the gang rape and mutilation of a concubine in Judges 19 (Gore, 2020). These accounts give the impression onto readers that women are nothing more than pawns in men's sexual conquests which gives the manipulated interpretation that men have sexual power over women. This patriarchal hierarchy outlined in the Bible plays a role in the creation and maintenance of the conditions that permit violence (Knickmeyer et al. 2010), which is why it is important for churches to understand the role they play in mental health and counsel. "Women prefer to get help within their religious community, and this is often the first place they acknowledge the violence and ask for others to believe them," (Damron & Johnson 2015, p.5). When churches are approached by women seeking counsel and aid from an abusive situation, it is important for them to understand that reports of violence are not attacks on religion. If the religious official (be it a pastor, priest, bishop etc.) meets the confession of abuse with defensiveness and hostility, they then unwittingly submit to rape myths. Due to social groups playing such a large role in mental health, when a victim is met with rejection of their confession, they are more likely to internally set blame and go back to their abuser (Ames, 2015).

Thus far, the discussion has been directed toward female survivors of assault with male perpetrators. While men are frequently considered perpetrators of sexual violence, men are also susceptible to being a victim of sexual violence (Porche, 2008). To play into the idea that sexual assault can only be conceptualized to an "only female" experience would be falling into rape myth as it is estimated that 1 in 6 men will experience some form of sexual violence in his life. These myths look different than the ones associated

with female victimization. For example, it is not possible for a man to have an unwanted sexual experience with a woman as he could easily overpower her. A second myth is that men always want to have sex with a woman, and therefore being raped by one is not something that could happen (Griswold & Kimball, 2020). These myths are equally accepted as truth and are just as damaging to men's psychological health. The societal stereotypes in men's sexuality ultimately leads male victims to question their identities. "Men who are coerced may experience disruption of sexual scripts because being a victim of sexual coercion is not compatible with the idea of always being willing to have sex," (Griswold & Kimball, 2020, p. 299). For women, the possibility of being sexually assaulted is beaten into their subconscious from the time they are able to walk. It is viewed more as an occupational hazard and a cloud over their heads they just have to learn to live with. However, for men, experiencing sexual assault is confusing because they grow up and mature believing that it is only associated with women (Porche, 2008) and that they are protected by just being a man. So, when they are victims of sexual assault, it leaves the male in a psychological and emotional state in which he may question his sexual orientation or his guilt in causing the event to occur (Porche, 2008).

In terms of the religious community affecting men's psychological state following abuse, it is no secret that the Catholic church has been under scrutiny for perpetuating molestation upon young boys. In a study conducted by psychologists in the Netherlands, they found that the prevalence rates for childhood sexual abuse within the Dutch Roman Catholic Church (RCC) was higher in men (2.7%) than women (0.7%) (Langeland et al. 2015). So, while church environments and teachings heavily stack the cards against

female survivors of assault, it is important to remember that men are also susceptible to being victim to assault.

This study seeks to explore how one's religious commitment impacts trauma following sexual abuse for both men and women.

Literature Review

Current literature has explored the relationship of religion on mental health following forms of sexual assault. However, these studies have focused on the relationship in female victims and male perpetrators. Little research has been done comparing how religion impacts trauma following sexual abuse for both male and female victims. How religion can perpetuate male victimization could not be found in the literature. The literature has explored religion as both a positive and negative influence on recovery after experiencing trauma.

Religion as a Positive Influence

Literature that has found religion to be a healing factor in survivors of sexual assault have found that religion and spirituality play an important role in coping with trauma (Chang et al. 2003), (Ritholz, 2019). Chang, Skinner, Zhou, and Zazis (2003) created a study to examine the relationship between sexual assault, religiosity, and mental health in male veterans. The participants were given The Veterans 3F-36 to screen for depression and a self-questionnaire to assess physical, mental, and social functioning. In their study, they found that mental health and depression associated with sexual assault was in lesser degree for those who regularly attended religious services than those that did not. It was not specified in the study if the perpetrators were male or female. Ritholz (2019) in her female sample of emerging adults utilized several measures to assess the

relationships between religiosity and spirituality on reactions to female victims' disclosures of assault. She used the Centrality of Religiosity (CRS), Revised Sexual Experiences Survey- Short Form Victimization (SES-SFV), and The Spiritual Involvement and Beliefs Scale-Revised (SIBS-R) along with measures for social support and reactions to disclosure to measure this. She found that spirituality had a significant association to posttraumatic growth (PTG). She found that positive reactions to disclosure of assault and importance of religious practice was positively associated with PTG. Overall, she found that highly religious emerging adults exposed to high levels of trauma experienced lower rates of PTSD than those less religious. However, she only researched female victims with male perpetrators.

Religion as a Perpetuator

The vast majority of literature has explored religion as a perpetuator of violence against women. "Religious beliefs, practices, and sacred writings can be used to justify violent [actions]," (Johnson, 2015, p. 4). Such teachings include: men having authority over women, submission of the wife to the husband, and divorce being a sin. Johnson found that due to this manipulation of text to justify actions, women in abusive relationships can experience disbelief in religious communities because of these messages that command women to obey.

The literature has also explored these same ideas being taught in large Christian universities and their impact on female victims reporting (Barker & Galliher, 2017) (Gore, 2019). It is estimated that 75% of rapes go unreported. Gore wrote that on college campuses, it is estimated that 80% go unreported. Gore noted that the vast majority of Christians believe that sex before marriage violates God's law. Thus, the idea of

promoting consent on their campuses is not allowed as it would acknowledge the existence of promiscuous activity. Gore's study included both male and female victims, primarily researching their rate of nonreporting due to shame factors associated with religiosity. She found that one significant relationship is that Christian colleges' religious standards make victims feel more shameful, and thus do not choose to report. Brigham Young University (BYU), a university that holds Mormon (LDS) standards of teaching, has sexual purity teachings that circulate campus life and an honor code that all students must follow. Women are to follow a specific dress code and are not allowed to fraternize with male college students privately. Gore also included that the institution falls into rape myth by holding the belief that being fully clothed serves as a preventative measure toward sexual violence. Barker and Galliher (2017) researched only BYU and its sub-universities. They found that BYU teaches that women are responsible for keeping a young man's mind clean and that traditional gender roles are best. They noted that these teachings perpetuate hostile sexism in which women are actively devalued and taught that they should be dominated by men. Results from their research found that when an assault occurs, the young women set blame internally and do not report, as they accept the rape myths they are taught while at BYU. The results also found that the male perpetrator on the BYU campus is more likely to strongly believe rape myths and blame the women for their own sexual assault. These teachings, more commonly than not as found by Gore (2019), are used as a roadblock for victims and a safeguard for perpetrators to hide behind. As mentioned earlier, women who belong to a faith community are more likely to go to their spiritual leaders to ask to be believed (Damron & Johnson 2015). However, when women on Christian campuses go to report, they also report themselves for an

honor code violation that ultimately ends with them in trouble. Barker & Galliher's study, like Ritholz, focused only on female victims with male perpetrators.

Due to the many teachings of various Christian denominations, it is not difficult to understand why survivors of assault feel that they cannot always rely on their religious institution. Beyond Christian universities suppressing the voices of survivors, Yuvarajan & Stanford (2016), studied clergymen's perceptions of sexual assault victimization. The clergymen were given 5 online measures that include: The Attitudes Toward Rape Victims Scale (ARVS), The Rape Empathy Scale (RES), RRFS, The Ambivalent Sexism Inventory (ASI), and 4 made up rape scenarios in which the men would have to identify if an assault occurred. The results of their study show that more blame was assigned to the victim and that hostile sexism was a predictor of negative attitudes towards victims. The results of their study only further add to the problem of survivors not being able to find safety in the institutions that mean a lot to them. Knickmeyer, Levitt, and Horne researched to further bring this problem to the light. They specifically researched the silencing of battered women in Christian faith communities. The participants were 10 women that had experienced violence by their male partners in their marriage. The main question of their interview was "Do you feel your experience of violence and faith interacted in any way? How?" (p. 97). Of the 10 women, 9 reported that they felt their husbands used their faith against them by using the tradition of female submission to the husband and divorce taboo as a license to abuse.

Method

Participants

Participants were 30 male and 56 female university students aged 18 and up. 19 identified as Protestant, 8 Roman Catholics, 1 Mormon, 2 Jewish, 2 Hindu, 14 Agnostic, 6 Atheist, and 33 otherwise specified. 3 identified as Native American, 19 African American, 4 Asian American, 3 as Latino(a), 60 as Caucasian, and 1 multiracial. 14 participants identified as bisexual, 4 as mostly heterosexual, 62 as heterosexual, 2 questioning, 1 as asexual, and 3 better not specified. 79 were single, 5 married, 1 separated, and 1 divorced. 39 reported their hometown to be more rural, and 46 as urban. Participants must have had access to SONA, the online subject pool of the Georgia Southern Department of Psychology, to complete the study. Participants were recruited through SONA and completed a set of self-report measures via Qualtrics, a standard online survey software.

Measures

The Centrality of Religiosity Scale (CRS) (Huber & Huber, 2012) was used to assess participants' salience of religious meaning in their daily lives. It is a self-report scale that measures 5 theoretically defined core dimensions of religiosity: public practice, private practice, religious experience, ideology, and intellect. The CRS includes 3 items from each dimension for a total of 15 items that were measured on a Likert scale of frequency from 1(*never*) to 5(*very often*), and importance from 1(*not at all*) and 5(*very much so*). This scale has been used in over 100 studies with over 100,000 participants since its conception giving it high test-retest reliability (Huber & Huber, 2012, p. 710).

The Spiritual Involvement Scale (SIS) (Fenzel, 1996) was used to assess participants' involvement with spiritual practices. The SIS is a self-report scale that divides its questions to measure two factors. First, life benefits, which measures if spirituality is followed by an experience of comfort. Second, social justice, which measures if spirituality is associated with a drive to aid those in need. The SIS includes 18 items that was measured on a 5-point Likert scale from 0(*not at all or never true to me*) to 4(*definitely or always true of me*). This measure was included because while the CRS measures participants' institutional commitment to religious practices, the SIS measures participants' relationships with the transcendent questions they confront as human beings through their spirituality. It is because religion and spirituality are experienced differently that both measures were included.

The Sexual Experiences Survey Long Form Victimization (SES-LFV) (Koss et al. 2006) was used to assess participants' experiences with sexual assault. The SES-LFV is a 21-item self-report measure that poses a variety of possible situations in which the participants could have experienced an assault. One such example is, "someone had oral sex with me or made me have oral sex with them without my consent by..." followed by different possible situations such as "threatening to physically harm me or someone close to me." The participants mark their responses on a 2-part frequency scale. The first is reported by the number of times the assault was experienced in the past 12 months from 0-3+ times. The second is reported by the number of times the assault was experienced since the age of 14 from 0-3+ times. The form included scenarios for both men and women allowing for comparison to be made.

The Interpersonal Support Evaluation List-12 (ISEL-12) (Cohen et al. 1985) was used to measure participants' perceived availability of support. This is a modified version of Cohen's original 40 item self-report scale. This scale was used to assess if participants who survived sexual assault had appropriate social support around them to help aid their recovery. This scale has 12 items that will be measured on a 4-part Likert scale from 0(*definitely false*) to 4(*definitely true*). This scale is high in content validity as it positively correlates with other support scales such as the Inventory of Socially Supportive Behaviors (Barrera, Sandler, & Ramsay, 1891). The ISEL-12 is also high in reliability in undergraduate students ($\alpha = .77$ to $.86$) and in the general population ($\alpha = .88$ to $.90$).

The PTSD Checklist for DSM-5 (PCL-5) (Weathers et al. 2013) was used to measure participants' symptom severity following sexual trauma. The PCL-5 is a 20 item self-report scale for severity that measures the 20 *DSM-5* PTSD symptoms. The scale includes items for the four types of symptoms for PTSD. These include: intrusive memories, avoidance, negative changes in thinking and mood, and changes in physical and emotional reactions. The PCL-5 inquires how the severity of each PTSD symptom was experienced by the participant in the past month. Participants will indicate this on a 5-point Likert scale from 0(*not at all*) to 4(*extremely*). The PCL-5 has been utilized in researching trauma exposed college students exhibiting strong internal consistency ($\alpha = .94$), test-retest reliability ($r = .82$), and convergent ($r_s = .74$ to $.85$) and discriminant ($r_s = .31$ to $.60$) validity (Blevins et. al 2015).

The Depression Anxiety Stress Scale- 21 (DASS-21) (Lovibond & Lovibond, 1995) was be used to measure the participants' negative emotional states of depression,

anxiety, and tension/stress. It is a 21 item self-report scale modified from the original 42 item self-report scale. Each subscale has 7 items that assess different symptoms associated with each negative emotion. The Depression subscale assesses symptoms such as hopelessness, lack of initiative, and low self-esteem. The Anxiety subscale assesses symptoms such as nervousness, fear, and panic. The Stress/Tension subscale assesses symptoms such as impatience, irritability, and overreaction to events. Participants will indicate their level of application for each symptom on a 4-part Likert scale from 0(*did not apply to me at all*) to 3(*applied to me very much, or most of the time*). The DASS-21 has high Cronbach's alpha values of 0.81, 0.89 and 0.78 for the subscales of depressive, anxiety and stress, as well as excellent internal consistency, discriminative, concurrent and convergent validities (Coker, Coker & Sanni, 2018).

Procedure

Participants were recruited through SONA in exchange for 1 hour of credit to be applied to their psychology course of choice. The participants participated through Qualtrics, a web-based survey and report software. A consent form was provided before the survey informing them of their right to withdraw from the study at any time. After the participant electronically signed their consent via a text box labeled, "I agree" they proceeded to take the self-report surveys. The participants took the CRS, then the SIS, followed by the SES-LFV, the ISEL-12, the PCL-5, and lastly the DASS-21. When finished, the participant was thanked for their participation, and credit was awarded through SONA.

Results

It is proposed that the more religious or spiritually involved a man or woman is, the higher levels of PTSD they will report if they have been raped.

The PCL-5 was scored as a whole report of measuring PTSD, meaning that an average level of PTSD was being assessed. The CRS was scored into five levels of measuring religiosity: Religious Intellect, Ideology, Public Practice, Private Practice, and Experience. The SIS was scored into two levels: Spiritual Life Beliefs and Social Justice. Item 12 of the SIS “I have no desire to get involved in social action” was reverse scored to be categorized into the Social Justice level of the SIS. Item 21 on the SES-LFV “have you ever been raped”, a yes or no response item, was used to determine Rape Status.

First, the descriptive frequency of Rape Status was run to determine how many participants identified themselves as rape survivors. 16 identified themselves as survivors and 67 said they have never been raped. Then, A MANOVA was run to analyze the data. The dependent variables were reports of PTSD, levels of spirituality, and levels of religiousness. The fixed factors were rape status and gender. The effect of Rape Status on PTSD by Gender was significant ($p=.003$). All male participants who answered the question reported not being raped, and 16 women reported being raped while 33 reported not being raped. Across all other measures analyzed, there was no significant effect found. This means that there was no significant effect of Rape Status and Gender on Spiritual/Religious Involvement (Table 1).

Discussion

This study reported the effect of spiritual and religious involvement on PTSD by gender after experiencing a sexual assault. The findings of this study contradict the findings of many studies done before. Prior literature found significant effects of spiritual and religious involvement on PTSD in survivors of assault, while this study only found a significant effect of PTSD in survivors of assault. The implications of this study greatly undermine the influence of religious culture on survivors of assault. This study found that there was no relationship between spiritual/religious involvement and assault by gender. We know this to be off trend due to prior research. Past research like Barker and Galliher (2017) found that religious institutions greatly affect whether or not a survivor will report. Other studies like Chang et al. (2003), Gore (2019), and Johnson (2015) found positive and negative associations of spiritual and religious involvement in survivors of assault. Similar to this study, Ullman & Peter-Hagene (2016) found that those who had been sexually assaulted reported high levels of PTSD.

There were limitations of this study to keep in mind. First, this was conducted online with six self-report measures. The number of participants also could have impacted the results. Whereas most prior research was more large-scale, this was a small-scale study with only 90 participants. This study had 30 men and 56 women which are small parameters for trying to find a significant effect of sex/gender. In addition to this, none of the men reported being raped, which means the study was not able to properly analyze the PTSD levels of spiritual/religious male victims because there were none. This could be due to the fact that participants were drawn from a university setting, so there is not as much variability on the campus to generalize to a larger population.

Future research should try this study (or something similar) on a larger scale. More research is needed comparing religious/spiritual female and male victims together in terms of sexual victimization. With more participants, comes a larger chance to find male and female survivors so that comparisons can be made. In addition to these, other measures that use more criteria for the definitions of sexual assault and religious commitment should be utilized. A measure to analyze how gender roles in religious communities affects assault victims could also be used to gain a deeper understanding of religious culture's influence on rape.

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Table 1***Results of Gender and Rape Status on PTSD and Spiritual/Religious Involvement***

Gender	df	error df	F	Sig
PTSD	1	72	2.052	.156
C_Intellect	1	72	2.918	.092
C_Ideology	1	72	.544	.463
C_Public	1	72	3.239	.076
C_Private	1	72	1.593	.211
C_Experience	1	72	.199	.657
S_LifeBenefit	1	72	.158	.692
S_Social Justice	1	72	.200	.656

Rape	df	error df	F	Sig
PTSD	1	72	4.731	.033
C_Intellect	1	72	.041	.839
C_Ideology	1	72	.857	.358
C_Public	1	72	.247	.620
C_Private	1	72	.548	.462
C_Experience	1	72	.509	.478
S_LifeBelief	1	72	.876	.352
S_Social Justice	1	72	.035	.851